North Simcoe Muskoka **LHIN**

Annual Report 2014-2015

Transforming Health Care Across North Simcoe Muskoka

Healthy People
Excellent Care
One System

Ontario
Local Health Integration Network

North Simcoe Muskoka
Local Health Integration Network
Annual Report 2014-2015
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Message from the Chair and Chief Executive Officer

Robert Morton
Chair

Jill Tettmann
Chief Executive Officer

Another very active year has wrapped up for the North Simcoe Muskoka Local Health Integration Network. On behalf of the Board and staff it is our pleasure to present highlights of activities that supported our collaborative efforts with health service providers, stakeholders and our North Simcoe Muskoka communities.

One of the most important achievements this year was the identification of the LHIN's strategic priorities and development of a strategy map. Over several months, we worked to establish priorities for the 2015-16 year and beyond. This work will be the foundation for the next three-year Integrated Health Service Plan (IHSP) 2016-2019 - the LHIN's strategic roadmap for the local health care system.

North Simcoe Muskoka LHIN continued to focus on integration as a key driver for health system transformation, which supports and improves the sustainability of the health system by encouraging integrated service delivery and care models across sectors. The year focused on moving several of our important integration areas forward. These included a submission to the Ministry of Health and Long-Term Care of an Expression of Interest for NSM to serve as a pilot site for integrated stroke care, ongoing discussions with regard to advanced cardiac services for our residents and continued work on the development of a Vision Care Plan for North Simcoe Muskoka.

The NSM LHIN is fully committed to the advancement of our NSM LHIN Health Links - being one of only two LHINs to achieve full Health Link implementation in all five of our NSM sub-geographic areas. To support our Aboriginal population the North Simcoe Community Health Link, located in Midland, began working with Beausoleil (Christian) Island to identify residents who would benefit from the care coordination support provided by the Health Link. Eight Health Link Coordinated Care Plans were developed for patients identifying themselves as First Nation, Métis, Inuit, with traditional care practices being

incorporated into all eight plans. In addition, Barrie Community Health Link was selected as a pilot site for implementing the provincial electronic Care Coordination Tool

eHealth initiatives continued to move forward. NSM is now the only LHIN to have fully implemented Hospital Report Manager in all five NSM acute care hospitals enabling better and more timely, electronic transmission of patient records - another first in the province.

As we continue to move forward with our integrated health system, health service providers have begun to recognize that collaborative work is required at the system level and there exists a need to distinguish their organizational role from that of the LHINs in achieving system-wide results. In addition, the North Simcoe Muskoka Leadership Council remains focused on the detailed design and implementation plan for an integrated NSM health system.

Individuals and their care, remain a key focus for the LHIN. NSM LHIN's continued partnership with Entité 4 assists in addressing the needs of our francophone community.

In assessing our approach to patient/caregiver engagement, it was clear that an NSM LHIN Patient Advisory Panel would be a great help in counseling and grounding the work and decision making that is done by the Leadership Council, its *Care Connections – Partnering for Healthy Communities* councils and committees and by NSM LHIN staff. After completing a thorough process of engagement, sharing information that was developed in partnership with patients, caregivers, stakeholders and LHIN colleagues, 10 inaugural panel members were chosen based on the diversity of their backgrounds, communities of residence, health care experience and priorities.

In addition to the Advisory Panel, the CEO met monthly with a patient and/or their caregiver to hear about their experiences in our local health care system, what their thoughts were on how access and the provision of care could be improved or enhanced and whether they noticed any improvements as they moved through the local health care system. These sessions provided valuable feedback that was shared with our health care planning tables.

On behalf of the NSM LHIN and its Board of Directors, we would like to thank our staff, health service providers, community service organizations and the community for their expertise, innovative solutions, and collaborative ongoing efforts to transform the health care system in North Simcoe Muskoka.

Healthy People. Excellent Care. One System.

North Simcoe Muskoka LHIN Board of Directors

Robert Morton, Chair (2011-2017)

Committee Membership:
- Audit
- Governance
- Health System Improvement

Don Mitchell, Vice-Chair (2010-2015)

Committee Membership:
- Audit (C)
- Governance

Rick Antaya, Director (2010-2015)

Committee Membership:
- Health System Improvement

Peter Brown, Director (2010-2015)

Committee Membership:
- Health System Improvement

Ellen Mary Mills, Director (2014-2017)

Committee Membership:
- Governance

Peter Preager, Director (2011-2017)

Committee Membership:
- Audit
- Governance (C)

Margaret Redmond, Director (2011-2016)

Committee Membership:
- Governance

Ron Stevens, Director (2011-2017)

Committee Membership:
- Health System Improvement (C)

North Simcoe Muskoka LHIN Physician Leads

Dr. Donald Atkinson

Emergency Medicine

Dr. Donald Atkinson is a family physician practicing in Orillia. He has filled many roles through his association with Orillia Soldiers' Memorial Hospital, most notably as Chief of Staff from 2007 to 2014. Dr. Atkinson serves as a member of the *Care Connections - Partnering for Healthy Communities* Medicine Council's LHIN-wide Emergency Department Project Steering Committee, which champions improvements in emergency department service delivery advises the LHIN CEO on emergency department services, and supports the advancement of the Emergency Department Strategy across North Simcoe Muskoka.

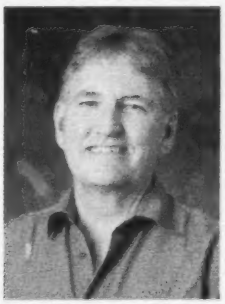
Dr. John MacFadyen

Chronic Disease – Diabetes

Dr. John MacFadyen is an Internal Medicine specialist, recognized locally and provincially for his expertise and leadership in diabetes management. Most recently, he served as the physician lead for the NSM Diabetes Regional Coordination Centre. Dr. MacFadyen champions best practices in the field of chronic disease prevention and management (CDPM) and advises the NSM LHIN's CEO on CDPM delivery and diabetes care.

Dr. Harry O'Halloran

Primary Care



Dr. Harry O'Halloran is a family physician practicing in the Collingwood area and is the Primary Care Physician Lead for the NSM LHIN. Dr. O'Halloran plays a key role in the development and implementation of the NSM LHIN Health Links and leads the NSM LHIN Primary Care Network. Dr. O'Halloran serves as a member of the *Care Connections - Partnering for Healthy Communities* In Home and Community Capacity Coordinating Council.

North Simcoe Muskoka LHIN Physician Leads (cont'd)

Dr. Steven Herr
Primary Care – Diabetes

Dr Steven Herr is a family physician with the Algonquin Family Health Team in Huntsville and is a member of the team in the Emergency Department at Muskoka Algonquin Healthcare. He has a keen interest in prevention of chronic disease and integrative therapies. Dr. Herr is the LHIN primary care diabetes lead focusing on prevention and wellness. In addition, Dr. Herr is a member of the *Care Connections - Partnering for Healthy Communities* Chronic Disease Prevention and Management Project Steering Committee. He is a member of the LHIN Primary Care Network and is very active with the Ontario College of Family Physicians.

Dr. Adarsh Tailor
Critical Care

Dr. Adarsh Tailor is a staff physician, Intensivist, at Royal Victoria Regional Health Centre in Barrie. In addition to his role at RVH as a physician who specializes in the care and treatment of patients in intensive care, and his new role with the NSM LHIN, Dr. Tailor works with the Barrie and Community Family Health Team (BCFHT) as a Respirology/Pulmonary Rehabilitation Consultant. Dr. Tailor is a member of the *Care Connections - Partnering for Healthy Communities* Medicine Council's LHIN-wide Critical Care Project Steering Committee, which champions improvements in critical care service delivery, provides advice to the LHIN CEO on critical care services and supports the advancement of the Critical Care Strategy across North Simcoe Muskoka.

Introduction

Established in 2005, LHINs are mandated to manage the planning, integration, performance and funding of the health system across Ontario. While the LHIN does not directly provide health care services, we work in partnership with many organizations and agencies involved in the provision of care, including health service providers, social and community care providers, municipalities and members of the public. As crown agencies of the Ministry of Health and Long-Term Care (MOHLTC), LHINs provide leadership and accountability for the health system at the local level, ensuring the population health needs are identified, coordinated and addressed in a truly integrated system. It is by design that LHINs strategically plan in such fashion as to align with ministerial and government priorities.

Together with our health service partners we establish priorities and plans for health services delivered in North Simcoe Muskoka (NSM). The LHIN also provides system leadership, spurs change and fosters collaboration among all health system partners, including health service and primary care providers and public health professionals.

Ontario's LHINs are responsible for the allocation of approximately half ($23.5 billion in 2014-2015) of provincial health care expenditures. Together with the MOHLTC, they align local and regional plans with provincial priorities in order to both improve access to care and ensure long-term sustainability of the health system.

The NSM LHIN funds 71 health service providers, spanning the entire health care continuum in North Simcoe Muskoka. In 2014-2015, we allocated approximately $840 million to the following local health system organizations:

- 7 Hospitals
- 1 Community Care Access Centre
- 26 Long-Term Care Homes
- 3 Community Health Centres
- 27 Community Support Service Organizations
- 7 Community Mental Health Agencies

Vision – North Simcoe Muskoka Local Health System

NSM's System Transformation Model works from the inside out, migrating toward a vision of *Healthy People. Excellent Care. One System.* It is the foundation upon which *Care Connections – Partnering for Healthy Communities* has been designed and identifies the common vision North Simcoe Muskoka's health system partners are committed to achieving.

...not actively seeking support from the health system
...needing active support to maintain their health
...requiring support from the health system for a period of time
PEOPLE
...living with a lifelong illness or disability
...needing immediate assistance from the health system
...coping with complex health needs
Communications & Community Engagement
eHealth
Governance
Transportation
System Navigation
Integrated Health Human Resources
HEALTHY PEOPLE
EXCELLENT CARE
ONE SYSTEM

Healthy People

At the centre - the heart - of North Simcoe Muskoka's health system are its PEOPLE; almost 478,000 people to be more precise. Represented by six overlapping circles, the health needs of our population – social, occupational, spiritual, physical, intellectual emotional, environmental, financial and mental wellness - are diverse and forever changing as they move through life and stages of health.

Excellent Care

Safe, quality person-centred care will provide the right care at the right time and in the right place. It will be achieved through *Care Connections*, which organizes health services into six clinical areas (blue – Complex and Chronic Health Needs; In-Home & Community Capacity; Maternal, Newborn, Child & Youth Health; Mental Health & Addictions; Medicine; and Surgery), in turn supported by six key enablers (orange – Communications & Community Engagement; eHealth; Governance; Integrated Health Human Resources; System Navigation; and Transportation) that help to fundamentally support the activities of each clinical area.

One System

Through *Care Connections*, health system partners and residents across North Simcoe Muskoka have come together committed to optimizing the use of our collective resources to promote a healthy and supportive environment, to take care of people when they are ill and to help them maintain better health through all stages of life.

Mission – Together Achieving Better Health, Better Care, Better Value

Care Connections - Partnering for Healthy Communities is the ten-year operational roadmap designed to bring about the vision of an integrated health system across the NSM LHIN. Working within its framework, health system partners and communities across the region are committed to the development and implementation of effective, collaborative strategies, designed to improve service delivery and contribute to the needs and well-being of those we serve.

In the NSM LHIN, it is recognized that transformation of the health system is the shared responsibility of many partners across the continuum of care including residents, people with lived experiences, their families and health care professionals. Through *Care Connections*, everyone takes ownership of their health system.

Care Connections makes a bold prediction: by working together, we can make the local health system work better. This means coordinating services, managing information and ensuring people move effortlessly from one level of appropriate care to the next in a timely fashion. It requires transforming an "old system" into a "new system": an old system that was prone to duplication, waste and inefficiencies, to a new system that is sensible, sustainable, and coordinated effectively to meet the health needs of its residents.

Collaboration with health system partners, to share accountability and take collective ownership for health system transformation, has already led to:

Healthy People = Better Health		improved health of the population: quality person-centred care meeting local needs.
Excellent Care = Better Care		better experiences for the individual: accessible, well-coordinated and sustainable care.
One System = Better Value		efficient operation and sustainability: local healthcare dollars being spent wisely and appropriately.

North Simcoe Muskoka LHIN Population Health Profile

In 2014, the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) was home to 477,070 residents[1]; 3.47% of Ontario's population. By 2020, the population is projected to increase by 8.2% - over 39,000 individuals, accounting for approximately 516,000 people. Of further note, the NSM population is projected to rise by 32.9% to over 634,000 in 2036.

In 2014, 17.8% of NSM seniors were 65 years of age and over, up from 15.1% in 2007. By 2020, NSM seniors will account for 20.4% of the population and a further 27.9% by 2036. Meanwhile, the number of seniors aged 65 and over is expected to almost double over the next 20 years, from 85,097 in 2014 to 169,888 or 27.4% of the population by 2034.

The ten leading causes of death in North Simcoe Muskoka, based on 2011 data, were: Ischaemic Heart Disease; Dementia and Alzheimer Disease; Lung and Bronchus Cancer; Cerebrovascular Diseases; Chronic Lower Respiratory Diseases; Colon, Rectum, Anus Cancer; Diabetes; Lymph, Blood and Related Cancer; and, Breast Cancer. These top ten leading causes of death accounted for 65% of deaths. Mortality rates for many health issues including influenza, pneumonia and diabetes, and rates of Potential Years of Lost Life for many issues such as cirrhosis and other liver diseases, intentional self-harm and diabetes are among the highest in the province.

We know the population of NSM is both growing and aging quickly. There is also a clear picture related to causes of mortality and those areas where preventative medicine and primary care can play a leading role toward the provision of the right care, at the right time and in the right place. The NSM Integrated Health Service Plan (IHSP) 2013 – 2016 takes into account the diversity and locations of the population in respect of what services to prioritize and where to deliver them.

The aforementioned information has been used to inform *Care Connections - Partnering for Healthy Communities*, the NSM LHIN's ten-year operational roadmap designed to bring about the vision of an integrated health system. Building capacity within communities, to care for individuals as close to home as possible and ensure care is delivered in the appropriate location at the right time with funds following the individual, has been top-of-mind. Specific attention was given to solutions to meet the needs of the 1% of the population that utilizes 34% of health care resources, including seniors and those living with complex needs and conditions.

[1] *Based on Ministry of Finance, Government of Ontario Population Projections – 2014.*

Ministry and LHIN Initiatives

Care Connections - System Transformation

In December 2013, North Simcoe Muskoka LHIN conducted an evaluation of the *Care Connections - Partnering for Healthy Communities* Strategic Plan. Preliminary findings were presented to the NSM Leadership Council at a full day meeting in January 2014. These results identified both strengths and opportunities for improvement to the current structure and functioning of the program. The intent of the evaluation was to inform any necessary mid-course recalibration and ensure the program continues to be responsive to the needs of its partner organizations.

A sub-group of Leadership Council was tasked with the development of a refreshed plan that accelerates our future vision and moves us toward second curve thinking. Second curve in health care is about designing a system that is patient-driven, while at the same time incorporating the needs of the caregivers. In addition, it's about coordinating the needs of complex patients through a seamless system. This initiative was branded as the *Care Connections* Second Curve (CCSC) Project, the outcome of which will be a refreshed *Care Connections* Strategic Plan using a three phased approach.

Recommendations from the Phase One *Care Connections* Second Curve Project were delivered to the NSM LHIN Board of Directors in December 2014. Phase Two, detailed system design continues to evolve through early 2015, with Phase Three implementation beginning late 2015 for a number of recommendations. The Annual Business Plan for 2015-2016 reflects the current and ongoing work of the *Care Connections* councils in their current state, however will evolve as further planning and focus emerge. Through the 2016-2019 Integrated Health Service Planning process, the NSM LHIN will continue to refine our strategy, approach and activities.

Diabetes Care

The LHIN continues to deliver on its mandate to coordinate the delivery of services for those living with diabetes or at risk for developing diabetes. In 2014-2015 the LHIN team furthered the integration of services by implementing several key projects. A mini-web site has been developed on the nsmhealthline.ca site focused on chronic disease management. The site was developed in 2014-2015 and will launch early in 2015-2016. A community of practice for all providers delivering services to citizens with diabetes was also launched in 2014-2015 using an interactive, collaborative Health Chat feature of nsmhealthline.ca.

Technology is also being leveraged as a means of improving access to diabetes care. The NSM LHIN funded telemedicine equipment in 25 long-term care homes, and the LHIN diabetes team are now working to nurture collaborative relationships between Diabetes Education Programs (DEPs) and their local long-term care homes for both clinical management of patients and education regarding diabetes management. The Ontario Telemedicine Network's Personal Computer Videoconferencing is also being piloted in a number of local DEPs as a means of enabling diabetes education appointments to patients in their home. These initiatives will continue to be a focus in 2015-2016.

Each of the five sub-regions within the NSM LHIN supports a local diabetes collaborative group. These collaborative groups are comprised of clinicians and diabetes care providers such as nurse educators, dietitians, primary care, and pharmacists who work together in optimizing cross referrals and sharing best practice.

The NSM LHIN Diabetes Specialist Lead Physician, Dr. Steven Herr, is involved in a project to support the implementation of clinical order sets in local acute care hospitals. Dr. Herr also provides clinical education sessions for primary care providers across the region as well as regular patient clinics in partnership with local Diabetes Education Centres. Much of this work is done via telemedicine.

Dr. Herr has also been working with the five NSM Health Links to ensure that appropriate consideration of diabetes management is incorporated in to the Care Coordination Tools developed for Health Links patients who are living with, or are at risk for, diabetes.

The NSM LHIN has played a significant role in the past year to support improved accountability for Diabetes Education Programs province wide. In collaboration with other LHINs and the Ministry of Health and Long-Term Care, policies have been developed to clarify the operation of programs and the roles and responsibilities of funders, host organizations in funding, managing and reporting on the program deliverables. The NSM LHIN was instrumental in the development of new reporting templates for all provincial programs, clarified definitions of how data should be interpreted, and supplemental tools to support data tracking and training around the new requirement's. In 2014-15 this work was also completed for the thirty-five provincial paediatric diabetes programs. Analysis of the new data has commenced with the anticipation this information will become an invaluable resource to future planning and understanding of the provision of diabetes services on a provincial level.

Emergency Department Wait Times

Fiscal year 2014-15 represented the seventh year of the Pay-for-Results (P4R) Program in Ontario, providing targeted funding to eligible acute care hospitals for the implementation of initiatives designed to improve Emergency Department (ED) performance, increase ED capacity, and reduce Alternate Level of Care (ALC) pressures.

As agreed by the ED Project Steering Committee (a subgroup of the ***Care Connections*** Medicine Council all acute care hospitals in NSM LHIN participated in the program. Although Muskoka Algonquin Healthcare (MAHC) reported less than the requisite 30,000 total visits to the Emergency Department (and therefore were deemed ineligible for participation in the P4R Program), one-time mitigation funding of $400,000 was granted to the organization which was used to implement several initiatives intended to further improve ED performance at the Huntsville and Bracebridge hospital sites.

A total of 31 separate initiatives were approved for funding for the six hospital sites in NSM LHIN. The broad range of initiatives included:

- community partnership initiatives included working with CCAC case managers to further support the patient navigation process, working with Barrie City Police to

improve wait times for patients arriving to the ED by Police, and direct service linkages with Simcoe County EMS to continue to improve Transfer of Care Times;
- patient-flow initiatives designed to improve time to bed wait times, a key focus in reducing the length of stay for admitted patients;
- continued funding for the See and Treat program, which has proven to be successful in reducing length of stay for non-admitted low acuity patients and Physician Initial Assessment time;
- continued funding for Clinical Decision Units within four hospital sites along with the implementation of care pathways and order sets to decrease admitted length of stay and improve utilization of inpatient beds;
- increasing ED physician and staff complement, especially during predicted surge periods, designed to reduce bottlenecks related to high acuity and high volume situations;
- purchasing information systems to better monitor system state and surge planning; and,
- numerous other initiatives designed to address system performance.

A total of $5,817,544 was allocated to NSM LHIN for the distribution of performance-based Emergency Department Pay for Results improvement projects in 2014-2015.

Several initiatives undertaken in NSM LHIN hospitals to reduce Emergency Department length of stay for admitted patients in 2014-2015 included direct partnerships with community agencies by each of the NSM hospitals. At Collingwood General and Marine Hospital, the Transition to Home team aligned with CCAC case workers, Home for Life and Home at Last worked to refer and support transition to existing community health services.

Georgian Bay General Hospital created a Transformation Office to provide continuous ongoing support for patient flow, ensuring that initiatives were sustained.

Operating five days a week, a Patient Flow Navigator position with RN qualifications, was created at Muskoka Algonquin Healthcare to actively receive admitted patients from the Emergency Department to the inpatient units, and to assist in the discharge of patients by facilitating the administration of diagnostic testing and transportation activities.

Orillia Soldiers' Memorial Hospital developed an estimated date of discharge algorithm, useful in improving flow of patients throughout the organization, by ensuring appropriate patient placement.

Royal Victoria Regional Heath Centre introduced several laboratory and imaging initiatives to improve turn-around times to reduce the length of stay for ED patients requiring diagnostic procedures.

During the latter half of the year, the NSM LHIN Emergency Department Performance Lead was actively involved in the development of a provincial review of the Pay for Results program. Working collaboratively with the Pan-LHIN ED Performance Leads working group, a robust qualitative and quantitative review of best practices was undertaken in fifteen of leading and emerging acute care hospitals in the Province. Orillia Soldiers' Memorial Hospital, identified as one of the top performing hospitals, was included in the review. A

report, with detailed results and recommended best practices, will be submitted to the Ministry of Health and Long-Term Care in mid-2015.

Enabling Technologies

Connecting GTA

ConnectingGTA (cGTA) is a regional solution that supports the delivery of provincial electronic health records by linking and integrating electronic patient information. cGTA is a partnership between eHealth Ontario and the five Greater Toronto Area (GTA) LHINs, with the sixth LHIN (NSM) added in the winter of 2012.

cGTA will make it easier for patients and their caregivers to move through the continuum of care in the Greater Toronto Area (GTA) and North Simcoe Muskoka. The program will allow electronic patient health information such as hospital reports, coordinated care tools, or centralized repositories to be seamlessly and securely shared to deliver better, timelier and more coordinated care.

The NSM Community Care Access Centre (CCAC) is the first connectingGTA site in NSM LHIN engaged in the project. The CCAC case workers can now view any patient electronic health record from the sites that are contributing data in Greater Toronto Area, as well as contribute patient data to the Clinical Data Repository for all patients served in the Barrie area. This means that if a patient from Toronto moves to Barrie, their complete patient record follows them. Expansion to seven other Health Service Providers in NSM LHIN will continue in 2015. This will include area hospitals, family health teams and initially one long-term care home.

Care Coordination Tool (CCT) - Health Links

The Care Coordination Tool Coordinated Care Plan Tool (CCT) is a tool that provides a solution for clinicians in Ontario who currently do not have the ability to electronically communicate with a patient's care team or maintain a sharable, coordinated care plan for a patient. The Health Links CCT will assist the circle of care by providing a secure common electronic platform to share the Coordinated Care Plan (CCP) and facilitate timely communication between members of the circle of care.

In 2014-2015 the LHIN project management office (PMO) supported the successful implementation of Health Links through the provision of support for privacy and Care Coordination Tool training; each Health Link's completion of Data Sharing and Electronic Service Provider agreements; and, change management activities.

In addition, the PMO led the selection process which enabled the Barrie Community Health Link, an NSM early adopter Health Link, to pilot the provincial electronic Care Coordination Tool. Lessons learned from this pilot implementation will be used to define the final product to be rolled out across the province in 2016. Project activities are well underway and will continue through to late 2015. An interim solution to the full deployment of the CCT tool was implemented at the LHIN's other early adopter Health Link, South Georgian Bay.

Ontario Laboratories Information System (OLIS)

The Ontario laboratories information system, or OLIS, is a health information system that facilitates the secure, electronic exchange of laboratory test orders and results. OLIS is a province-wide repository of lab information that can be shared between hospitals, community laboratories, public health laboratories, and health care providers.

OLIS was created with the intent to facilitate the exchange of laboratory orders and reports on patients amongst Laboratory Information Systems (LIS), Hospital Information Systems (HIS), and Electronic Medical Record (EMR) software as well as to link orders and reports with the practitioners who order them.

In NSM LHIN, Orillia Soldiers' Memorial Hospital has successfully implemented all modalities of OLIS this year. Further expansion continues through to 2017.

Hospital Report Manager (HRM)

OntarioMD's Hospital Report Manager (HRM) enables physicians using EMRs that are compliant with Ontario's EMR Specification 4 or higher to receive direct electronic hospital reports into their patient's medical record within 30 minutes of transcription. HRM provides physicians with the most up-to-date information about their patients' medical information from their hospital encounters.

In 2014-2015, all NSM LHIN acute care hospitals were enabled with Hospital Report Manager. This has meant that patients, regardless of the hospital they visit in NSM LHIN, will have their outpatient reports uploaded to their family physician's Electronic Medical Record system within 30 minutes of being transcribed.

Ontario Telehomecare Deployment

Telehomecare uses information and communications technology (ICT) to remotely link providers and patients. The ICT tools allow a patient, via telemetry monitoring, to input and transmit their vital health information electronically from their home to a remote monitoring care team. Telehomecare has emerged as a critical patient-centered approach in the delivery of efficient and effective care to people with chronic disease. In 2007, the MOHLTC and Canada Health Infoway (CHI) co-funded a Phase One Telehomecare Program for Congestive Health Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) patients. Based on the success of the Phase One Telehomecare Program, the Ministry of Health and Long-Term Care has committed to the expansion of the Telehomecare Program across Ontario.

Expansion of Telehomecare Program was completed this year in NSM LHIN. Physicians can now prescribe telehomecare as a course of treatment to monitor patient health information.

Resource Matching and Referral Business Transformation Initiative

The Resource Matching and Referral Business Transformation Initiative (RM&R BTI) involves standardizing the information content and referral processes across the province for four health service pathways – from acute care to community care, long-term care, complex continuing care and rehabilitative care services. This work will streamline transitions in care and further the equity, access and quality priorities within Ontario.

NSM LHIN, working together with its partners from the NSM CCAC and acute care hospitals, has fully implemented the program. RM&R will benefit patients, health service providers and health planners through increased collaboration, standard referral processes, and joint accountabilities, all of which will ensure a more streamlined, equitable and patient-centric care.

Endorsed and funded by the Ministry of Health and Long-Term Care, RM&R BTI supports the objectives of the ministry's Emergency Room/Alternate Level of Care Strategy, Ontario's eHealth Strategy and Seniors Care Strategy.

NSM's five hospitals – Collingwood General & Marine, Georgian Bay General, Muskoka Algonquin Healthcare, Orillia Soldiers' Memorial and Royal Victoria Regional Health Centre – and the NSM CCAC have successfully completed adoption of this provincial program as of March 31, 2015

Health Links

In North Simcoe Muskoka, there are five Health Links, collaborative partnerships between health and community service providers, in each of the five sub-geographies: Muskoka, Orillia, Collingwood, Midland-Penetanguishene and Barrie.

The objective of the Health Links initiative is to develop one plan of care for complex care patients through direct involvement and collaboration among the patient, family, primary care, community care, social services and acute care. Integrated coordinated care plans are built around the needs of individuals.

Outcomes of this collaborative service delivery model will challenge the local health system to determine where improvements are required, care costs across the continuum and where savings, value and efficiencies need to be established to ensure sustainability of the local health system.

Status

The Barrie Community Health Link is in its second year of operation and has continued to manage the Most Valuable Person (MVP) clinic for persons who are identified as high users, who would benefit from Health Link support and the development of a Coordinated Care Tool (CCT). One of the key goals of this clinic is to determine current care issues with patients and their care teams and attach them to primary care providers at the end of their MVP stay. The MVP Clinic staff that are part of the Barrie Community Health Link were recognized with a Bright Lights award by the Association of Family Health Teams of Ontario (AFHTO) for their hard work in coordinating and navigating patient care.

This Health Link is led by the Barrie and Community Family Health Team. The team was able to secure funding from Canada Health Infoway to develop a patient portal aptly named "MyHealthLinked" which will be launched early in 2015-2016. The portal was developed in 2014-2015 with a formal kick-off event held at the Royal Victoria Regional Health Centre in February 2015. This Health Link will be one of the early adopter Health Links that will be piloting the provincial electronic version of the Coordinated Care Tool.

The Barrie Community Health Link team is also engaged with Emergency Management Services (EMS) on a project which will have ambulance services staff identify and refer potential Health Links patients.

The South Georgian Bay Community Health Link is the second early adopter Health Link in North Simcoe Muskoka that serves the needs of patients in Collingwood and the surrounding communities. Led by the South Georgian Bay Family Health Team, this Health Link has also developed a patient portal within its own electronic medical record and will begin implementation in summer 2015. This group has expanded electronic access to the Coordinated Care Tool through a virtual private network (VPN) solution, and now can support bi-directional messaging between the primary care team and the electronic medical record (EMR) used by the South Georgian Bay Family Health Team, the South Georgian Bay Community Health Centre and three long-term care homes. This has been a very successful roll out and further sites will be added in the coming fiscal year. A pilot delivering IV antibiotics to residents of long-term care homes in their home setting, rather than transferring the resident to the local hospital for that purpose, has been carried out and evaluated. Avoidance of ER visits and hospital admission through this pilot is significant and the group would like to expand this program in 2015-2016. The Home for Life program also supports the needs of Health Links patients. Patient surveys have reported a high degree of patient satisfaction.

The Couchiching Community Health Link in Orillia, led by the Couchiching Family Health Team, received funding in October 2014 and has begun to identify patients with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD) to support through their Health Link team. A detailed chart analysis has been conducted at Orillia Soldiers' Memorial Hospital (OSMH) to create a clearer profile of patients the Health Link has identified as their initial target patient group. In 2013-2014, the inpatient medicine unit at Orillia Soldiers' Memorial Hospital participated in a project focused on standard of care for patients with COPD. Standard order sets and a care pathway were introduced. The Couchiching Community Health Link will build on that work and develop the pre and post hospital care process for the same group of patients. The Health Link has started board engagement seminars to get the boards of directors of their community partners fully engaged in the Health Link process and committed to their success. This governance work should facilitate ease of system level change by having the boards informed and excited about improved care coordination.

The North Simcoe Community Health Link received funding in October 2014 and has begun to identify patients who should be assessed for eligibility for referral to the Health Link. This Health Link is led by the Chigamik Community Health Centre which is designated to meet the needs of the francophone and aboriginal communities. Their interim approach to patient identification and referral is to have the ER physicians refer patients who fit the criteria of high user to the Nurse Navigator, who then assesses the patient for eligibility, leads the development of the Coordinated Care Tool and wraps services around that patient to meet their needs. This Health Link will be exploring the Canadian Index of Wellbeing as part of their work. A strategy is being developed by the team to identify potential Health Links patients who are residents of Beausoleil Island in partnership with the NSM Aboriginal Health Links Coordinator. The North Simcoe Community Health Link has identified the First Nations Coordinated Care Tool development as a significant step in their journey.

The North Simcoe Community Health Link has been working with a technology company to complete a current state information technology analysis of the assets and current stage of technology readiness of all of the Health Link participants. Through this inventory, several Health Links partners have been identified as benefiting from upgrades to their current capacity which will be supported by the Health Link. This will create a stronger state of readiness for these partners to implement the provincial electronic Coordinated Care Tool is rolled out.

The Muskoka Community Health Link team was funded in October 2014 and is currently working to identify appropriate Health Link patients. This Health Link is led by the District Municipality of Muskoka and is focusing on the broader determinants of health.

The Health Link has completed one coordinated care plan to aid in the transition of a medically complex / Alternate Level of Care patient from hospital to home. In doing this, the need was identified to establish a "testing" solution in order to share and coordinate the care tool to all care providers in the patient's circle of care. An encrypted USB stick has been issued to the patient with their Coordinated Care Tool, including medication list. The patient brings the USB to all health care encounters and shares the information with the care providers. Encrypting the USB device is supported by the Health Links Steering Committee as an interim / short term solution. As part of the Health Link System Navigation Sub-Committee, the NSM CCAC lead has conducted a preliminary gap analysis to better understand the services for seniors in Muskoka, and where there are gaps or inconsistencies in service delivery. This will inform the continued care coordination planning as part of this sub-committee's work.

In 2014, the Ministry of Health and Long-Term Care provided the District Municipality of Muskoka with approval to implement a Muskoka Health Hub which will see the primary care organizations in this sub-geography work very collaboratively to deliver services to the Port Carling and Dorset communities that have previously been challenged with access to primary care services. This Health Hub project will report to the Muskoka Community Health Link once funding is in place and implementation has begun.

All five Health Links continue to meet on a monthly basis with the LHIN as a Community of Practice (CoP). Up until January of 2015, much of the work of the Health Links CoP had been led and generated by the LHIN Health Links lead. In March 2015, the five Health Link Project Managers and Executive Leads determined they were ready to lead this group and will be participating in a prioritization and visioning exercise to understand initial learnings and set priorities for 2015-2016.

Mental Health & Addictions

The Child and Adolescent Steering Committee continues to work toward building capacity and improving access to mental health services for children and youth. In 2014-2015 an intensive Mobile Treatment Team for youth with Dual Diagnosis was piloted. Patient response and data analysis demonstrate the pilot was a huge success. This project was a partnership of mental health and child welfare, and the treatment model will continue into 2015-2016.

The System of Support Partnership for Transition Age Youth (TAY) was launched in May 2014. This marked an important transition from a research-based implementation project supported by Canadian Association for Mental Health (CAMH), to a community-led

initiative. The purpose of the TAY program is to increase supports for youth by implementing a common Transition to Independence model, as well as implementing youth and family engagement strategies.

The steering committee is not only looking at transition age youth (between the ages of 16-29) but also supports much earlier on in life. Over 400 NSM LHIN service providers participated in the Infant Mental Health Promotion Certificate Training program offered by the Hospital for Sick Children. With their expanded knowledge, child care workers, best start workers and others will be better able to work with families of young children to build resilience and prevent the development of future mental health problems.

The other two steering committees of the *Care Connections* Mental Health and Addictions Council, Crisis and Community Resources and Clinical Services, continued to work toward ensuring clients receive the right care, at the right time, in the right place. Over 100 local police officers attended the OPP Training Academy Crisis Intervention training, where they developed skills on how to diffuse a crisis and learned the range of available local, regional and provincial mental health services.

Twice each year, board members and senior leadership come together to identify common priorities and opportunities to collaborate. In November, the fourth North Simcoe Muskoka Mental Health and Addictions Governance Collaborative Retreat was held in Orillia. Identifying mental health and addiction investments was a key piece of work completed and recommendations helped inform where over 2 million dollars would be invested. The priority areas that received 2014-2015 funding were Aboriginal mental health and addiction, youth services, case management, crisis services and services for seniors.

Palliative Care

The NSM LHIN participated in the development of the provincial Residential Hospices Working Group, including participation in the Strengthening Ontario's End-of-Life Continuum: Advice Regarding the Role of Residential Hospices report. With residential hospices recognized as one option within the hospice, palliative and end-of-life care basket of services, NSM has seen interest increase across the LHIN.

Campbell House Residential Hospice was opened in Collingwood by Hospice Georgian Triangle. This six-bed residential hospice will be an important resource supporting the needs of individuals and caregivers in that region.

The North Simcoe Muskoka Palliative Care Network and Hospice Orillia integrated to establish the new North Simcoe Muskoka Hospice Palliative Care Network. The Network has actively participated in the Provincial End-of-Life Care Network by providing feedback on provincial activities, including the Residential Hospices report and a clinical standards document. To enhance standardization of care and implement best practices the following initiatives were undertaken:

- a Palliative Care Practical Toolkit binder was provided to each NSM long-term care home
- a standardized training program for bereavement volunteers is being implemented across the region's six hospices by the Network's bereavement coordinator

- a Value Stream Mapping exercise was completed in each of the NSM sub-geographies to create effective Palliative Care Teams; and,
- support has been provided to the NSM Aboriginal communities through training and linkages with Hospice Huronia.

In early 2014, Cancer Care Ontario (CCO) established an NSM Physician Lead to support CCO activities. CCO's two-year "Integrate" project is focused on the Barrie area. It is designed to leverage the model of care for oncology patients and identify and link them early in their palliative care journey. As part of this project the Integrate Steering Committee is identifying gaps in primary care related to palliative care delivery and training, defining the role of oncology in early intervention and establishing Tumour Rounds.

Quality Improvement

The North Simcoe Muskoka LHIN continues to be actively involved with health service providers in advancing quality across the health care system.

The highlight for 2014-2015 was the formation of the NSM LHIN Quality Improvement Network. Providers from all care sectors came together to identify opportunities to collaborate, share innovative practices and support each other through the development of the quality improvement planning process. A major accomplishment of the group was the collaboration on a common system measure of quality. Participating organizations agreed to report on patients' experiences. Common questions within each of the patient satisfaction surveys are focused on 'overall satisfaction' and 'would you recommend this facility to your family and friends'. Presently, Simcoe County long-term care homes, NSM acute care hospitals and the NSM CCAC have these questions as part of their evaluative surveys. Primary Care agreed to revise their surveys to align with the other organizations.

The group agreed the key measure for 2015-2016 would be a measure of percent positive (yes definitely) to the question 'would you recommend this facility to your family and friends' or a similar question that is strongly correlated to this question. Agreement was made to collect the data this year and establish a baseline for future surveys. Organizations, currently not asking this question, committed to developing a process to collect the information in 2015-2016.

Health Quality Ontario strongly urged organizations to detail the collaborative effort and participation in the NSM LHIN Quality Improvement Network within each of their annual Quality Improvement Plans. Once quality improvement plans have been submitted they will be reviewed to assess the success of the consistent approach.

Seniors Health

Regional Seniors Health Plan

The LHIN was very active in the area of seniors' health planning in 2014-2015. In May 2014 the Seniors Strategy Task Group completed the Strategy for a Specialized Geriatric Services Program in the NSM LHIN. The Strategy focuses on Specialized Geriatric Services and frail seniors as the first building block in an integrated regional Seniors Health Program. The strategy, which was endorsed by the LHIN Leadership Council in July 2014, is

providing the foundation for LHIN planning. An initial North Simcoe Muskoka inventory of Specialized Geriatric Services was completed by the Regional Clinical Nurse Specialist, Seniors Health. A review of thirteen targeted seniors' health programs in North Simcoe Muskoka was also completed. This review will be instrumental in defining opportunities for health system transformation and re-design.

In alignment with provincial directions, area providers participated in the provincial review of Regional Geriatric Programs/ Specialized Geriatric Services led jointly by the Ministry of Health and Long-Term Care and the province's LHINs. Work related to the Senior Friendly Hospital Strategy continues with hospitals focused on developing and implementing programs related to reducing functional decline and delirium. A local and provincial review of the Senior Friendly Hospital Strategy was completed in North Simcoe Muskoka this year. With the roll-out of the provincial Assess & Restore Guideline, work is underway related to the implementation of programming for frail seniors to improve the access to facility-based Assess and Restore interventions (i.e. Convalescent Care Program beds, Complex Continuing Care beds). Finally, planning is now also beginning related to the Enhanced Long-Term Care Renewal Strategy which will see the re-development of 915 NSM long-term care home beds (29.8%) by 2024.

The focus of community-based planning for seniors in North Simcoe Muskoka in 2014-15 was the development of an Operational Framework for Assisted Living Services for High Risk Seniors (ALS-HRS). The Framework establishes standardized LHIN-wide approaches to ALS-HRS programs in NSM and outlines criteria by which health service providers must operate in order to be designated an ALS-HRS provider.

Integration

Waypoint Centre for Mental Health Care in North Simcoe Muskoka LHIN and Ontario Shores in Central East LHIN, agreed to voluntarily integrate an IT solution Meditech 6.1 during the month of November 2014. This was a cross-LHIN integration requiring both LHINs and organizational Boards to agree to the integration.

This voluntary integration between the two organizations allows for improved patient care through:

- better communication
- better integration of patient records
- the sharing of project and technology staff, reducing costs for both organizations

Engaging our Communities

The North Simcoe Muskoka LHIN hosted six community engagement sessions in August 2014. The sessions, titled "Join the Conversation about Health Care in Your Community" were hosted in Midland, Gravenhurst, Orillia, Collingwood, Barrie and Penetanguishene. Over 150 NSM residents attended including health service providers, patients, caregivers and family members. A broad demographic of individuals was represented ranging from youth to seniors, including representation from NSM's aboriginal and francophone communities.

The majority of time for each session focused on conversations with residents about their experiences with the health care system, what worked well, and what would have made the experience better for them.

There were many themes identified in these sessions that are consistent with what has been heard at previous engagements: transportation; navigating the system; customer service; access to primary care physicians; community supports; caregiver supports; and prevention and wellness.

The input gathered provides meaningful input and feedback and has been shared with all *Care Connections* councils, committees, NSM Leadership Council and the NSM LHIN Board. Opportunities for continued sharing and conversation were offered to all participants via the NSM LHIN's ongoing 'Stories You Share' initiative, the new NSM LHIN Patient, Family, Caregiver Advisory Panel, ongoing participation at *Care Connections* council and committee tables, online opportunities through surveys and information on the NSM LHIN website.

NSM *Care Connections* Forum

The Annual NSM Care Connections Forum for 2014 was held at the Casino Rama Conference Centre on the evening of October 21st and the full day of October 22nd.

October 21st was dedicated to highlighting this year's theme of "Accelerating Change" and kicked off with keynote speaker Dr. Joshua Tepper, President and CEO of Health Quality Ontario who spoke about 'Embracing Change to Enhance the Client Experience'. Over 35 exhibitors shared information with attendees on the innovative and collaborative approaches to care happening throughout North Simcoe Muskoka.

Stakeholders and partner organizations from across the region applied to speak during the evening and the NSM LHIN Leadership Council chose the following five as being representative of some of the excellent work happening within North Simcoe Muskoka - work that is embracing and championing change and improving the local health care experience for patients and their families:

1. Aboriginal Patient Navigation Services
2. Regional Antimicrobial Stewardship Program
3. OSMH Patient's Journey Home
4. Musculoskeletal Integration Proposal
5. Building Balance Falls Prevention Program and Community Partnerships

Continuing to focus on this year's theme of 'Accelerating Change', October 22nd began with a local resident and patient sharing her story and perspectives on being a breast cancer survivor - what went well and what would have made her experience even better. Dr. Nancy Merrow, Orillia Soldiers' Memorial Hospital Chief of Staff, facilitated a panel of local experts who spoke about how their own organizations are modeling the concepts of embracing change and focusing on improved client, caregiver and family experiences in health care. Panelists included:

- Tara Maxwell – Coordinator, Family Mental Health Initiative of Simcoe County;

- Sandra Dunham – Executive Director, Hospice Simcoe;
- Tammy Stadt – President CSC Chigamik CHC;
- Ingrid Lehmann – Executive Director, Brain Injury Service Muskoka-Simcoe;
- Julia King – Director LTC Operations, Jarlette Health Services; and
- Monica Gabriel - Director, Client Services, NSM CCAC

Finally, the afternoon breakout sessions focused attendees on accelerating system-wide and organizational change, leveraging successes, building on Health Links, and increasing collaborative efforts to transform the health system in North Simcoe Muskoka.

Aboriginal Engagement

In addition to the five regional Patient Engagement sessions mentioned above, a First Nations, Métis, Inuit (FNMI) session was held with our aboriginal community focused on culturally relevant information with regard to the provision of health care in NSM LHIN.

Following information sharing and group discussions, some common themes emerged including the suggestion that health care professionals receive training and be open to cultural diversity particularly the understanding there is more than one way to be treated and assisted. By working together with practitioners and traditional healers, care could be much more holistic, inclusive and culturally appropriate or sensitive. FNMI clients often feel intimidated when entering the medical system for treatment or leaving their community for services.

Participants see great opportunity in having aboriginal navigators and community supports that would work with local health care providers to assist FNMI clients through care transitions in the system and back into their homes and communities.

Patient navigators would provide an accessible 'point of contact' for clients, caregivers and health care professionals on a wide breadth of knowledge, from birth (e.g. doula and midwives) to end of life care, proper nutrition and wellness throughout life. This holistic approach would be more reflective of aboriginal beliefs, traditions and way of life.

In a geographically diverse region like North Simcoe Muskoka, transportation (cost, distance, accessibility) was flagged as a barrier to accessing services to some remote or more difficult to access communities like Christian Island.

On March 11 and 12, 2015 the NSM Aboriginal Health Circle, supported by the NSM LHIN, held their annual Aboriginal Health Conference – 'Healing Sovereignty – Reclaiming our Health'. Key note speakers included Justice Murray Sinclair who addressed inter-generational impacts of residential schools and reclaiming traditional spiritual, mental and wellness practices.

The LHIN CEO, LHIN Aboriginal Lead, Aboriginal Health Circle Chair, and Aboriginal Health Links Coordinator attended the 2014 Annual Learning, Sharing and Planning meeting for LHIN CEOs and Aboriginal Leads in Ottawa. The meeting provided an important opportunity to build relationships and share learnings with each other. Participants gained a better understanding of supporting health system change related to culturally safe care. In

2014-15 new LHIN staff received Cultural Awareness Training at Enaahtig Healing lodge hosted by the Barrie Area Native Advisory Circle. All NSM LHIN staff continue to develop their understanding of aboriginal health and wellness needs through cultural training sessions.

Francophone Engagement

NSM LHIN's continued partnership with Entité 4 assists in addressing the needs of our francophone community. By advising the LHIN on how best to overcome existing barriers and improve access and accessibility to French language services, Entité 4 and North Simcoe Muskoka LHIN continue to build on and improve the deliverables outlined in the Joint LHIN-Entité Action Plan.

In 2014-15 the NSM LHIN participated in a planning day to develop Language in Patient-Centered Care workshops which will advance the awareness of our health service providers with regard to language barriers in healthcare. The workshops are scheduled to take place in early 2015-16.

In December 2014, the North Simcoe Muskoka LHIN, in collaboration with CHIGAMIK Community Health Centre and Entité 4, engaged health service providers who provide services to our francophone residents. The workshop encouraged providers to foster a collaborative environment in order to share resources, learn about the provision of French language services in North Simcoe Muskoka, and support and assist organizations to develop and improve these services.

Board Governance Engagement

The NSM LHIN continues to engage governors across the region, with a focus on a collaborative governance approach. Through 2014-15 the NSM LHIN hosted several engagement sessions including an annual education session and regional sessions in the spring and fall.

Regional Governance Sessions

The spring sessions in April focused on:

- Understanding strategic priorities and regional objectives
- Identifying opportunities for collaboration and support among boards
- Identifying collaborative opportunities for health system transformation in NSM

Each of the five sub-geographic regions received an update from the governing body of their local Health Link. A large portion of the evening focused on system transformation based on the 'second curve' thinking - understanding what that means and how to align the North Simcoe Muskoka health care system.

Fall sessions in September focused on:

- Health services to be offered at regional and local levels through a new service delivery model
- Leveraging community resources to build system capacity
- Improving the health care experience in North Simcoe Muskoka

Attendees discussed new service delivery models and leveraging community resources to improve and enhance the patient experience.

Education

The LHIN organized a second Governance Education Summit on November 25, 2014. *Similar sessions will be offered annually as requested by governors from partner health* care and community organizations.

The purpose of these four hour sessions is to establish clear and consistent understanding of the roles and accountabilities of members of Boards of Directors and to provide a forum for networking and knowledge exchange for ongoing collaboration.

Key learning points included:

- Leading practices in governance
- Emerging trends
- Public sector governance
- System, Collaborative and Generative governance
- Sharing best practices
- Identifying opportunities for collaboration.

Ministry-LHIN Performance Agreement

Performance Indicators

The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) and the Ministry of Health and Long-Term Care (MOHLTC) negotiated and signed a performance agreement which defines the obligations and responsibilities of both the LHIN and the Ministry for 2014-2015. The Ministry/LHIN Performance Agreement (MLPA) includes the expectations of the LHIN regarding Community Engagement, Planning and Integration, Local Health System Management, Financial Management, Local Health System Performance, and Reporting. The terms and conditions contained within the MLPA are reflected in the Accountability Agreements the LHIN has negotiated with all health service providers that it provides funding.

Emergency Department Indicators

NSM LHIN showed some improvement in its performance on the length of time patients waited in the Emergency Department compared to the prior year. While NSM LHIN performance for admitted patients of 27.2 hours was better than the provincial average of 29.45 hours, the fourth quarter performance resulted in an overall admitted length of stay higher than the LHIN target of 23 hours and greater than the year end value from the previous year of 26.5 hours. Provincially, NSM LHIN ranked 6th in emergency room length of stay for admitted patient. Challenges cited by NSM hospitals during the year impacting length of stay were: gridlock due to high inpatient occupancy, isolation needs of specific patients, increased volumes (especially during summer months), and delays encountered repatriating patients to hospitals closer to home.

With respect to length of stay for non-admitted high acuity patients, NSM LHIN performance of 6.2 hours was better than the provincial average of 6.9 hours. Despite a higher fourth quarter performance of 6.43 hours, NSM LHIN hospitals performed better than the target of 6.25 hours and performed 0.2 hours better than the previous year. At

year end, NSM LHIN ranked 4th provincially in emergency room length of stay for non-admitted high acuity patients. NSM hospitals cited increased times related to performing diagnostic procedures (particularly laboratory and diagnostic imaging), and increased volumes of high acuity visits. Efforts identified to address these increased pressures included: continuing to work closely with CCAC flow navigators and community supports to expedite transition of non-admitted complex patients back into the community and the development of innovative staffing models to better support the volumes and acuity of patients.

NSM LHIN non-admitted low acuity patients performance of 3.95 hours was better than the provincial average of 4.03 hours. Due to a fourth quarter length of stay performance of 4.25 hours, NSM performance was higher than the LHIN target and greater than the year end value from the previous year of 3.7 hours. Increased Emergency Department visit volumes, issues related to supply and demand matching and patient flow accounted for the increased length of stay during this period. Strategies identified by NSM hospitals to address these issues included working with family practice teams and allied partners to augment community supports; as well as the development of innovative strategies to reduce visits originating from long-term care homes through the improved utilization of nurse practitioners in long-term care homes. Provincially, NSM LHIN ranked 6th in emergency room length of stay for non-admitted low acuity patients in 2014-15.

Surgical Wait Times

Throughout 2014-15, there existed a higher proportion of patients with less urgent needs seen within the target wait times for cancer and cataract surgery. The performance targets of 90% were both exceeded throughout the year with 95% for Priority IV (non-urgent) cases for cancer surgery and 93% for cataract surgery procedures. Strategies identified by NSM hospitals that resulted in the positive performance included: logistical improvements to electronic booking procedures to improve data quality and ensure surgeons are notified of current wait times, as well as the development of a regional coordinated plan for cataract surgery in the LHIN.

Priority IV (non-urgent) cases completed within the access target of 182 days for hip replacement and knee replacement resulted in NSM hospitals performing better than the 90% target with values of 98% and 92% respectively. A lack of surgical capacity was cited as the principle cause for the extended lengths of stay related to orthopedic surgeries. Strategies identified by NSM hospitals to improve performance included the creation of a regional orthopedic program to ensure prompt service delivery, and the development of action plans to address long wait lists for individual physicians.

Throughout the year, NSM hospitals performed above the provincial average in all applicable surgery performance categories (cancer, cataract, hip replacement and knee replacement). NSM LHIN hospitals ranked 3rd best in the province in Priority IV cancer surgery cases, and ranked in the top half of LHIN counterparts with respect to the remaining surgery wait times.

Alternate Level of Care (ALC) Days

A review of annual data for 2014-15, revealed that percentage of ALC days in NSM LHIN increased slightly (by 0.16%) from the previous year. In 2014-15, 21.25% of discharged

patient days were attributed to ALC patients compared to 21.09% in 2013-14. The increase was primarily due to a greater number of long-stay patients being discharged than a corresponding increase in bed occupancy. NSM LHIN ranked 12th provincially in percent of ALC days in 2014-15, and 7.22% above the provincial average of 14.03%. It is important to note that this indicator is calculated from the total wait time of all discharged patients identified as ALC within the quarter. Consequently, an increase in the percent ALC days metric is attributable to the discharge of patients with accumulated long waits, which is the intended outcome of the bed optimization initiatives.

Readmission within 30 Days for Selected Case Management Groups (CMGs)

NSM LHIN annual performance in 2014-15 of 15.97% was better than the provincial average of 16.7%. Despite high readmission rates for selected CMGs in the fourth quarter, NSM LHIN hospitals performed slightly better than the target of 16% and performed 6.09% better than the previous year. Provincially, NSM LHIN ranked 4th in readmissions within 30 days for selected case management groups. The work of NSM LHIN Health Links to create coordinated care paths for patients is expected to positively impact this indicator. Clinical pathways are currently being developed through Quality Based Programs (QBP) steering committees at a number of NSM LHIN hospitals.

Repeat Unplanned Emergency Room (ER) Visits within 30 Days for Mental Health Conditions and Substance Abuse Conditions

NSM LHIN's 2014-15 performance of 15.33% for repeat unplanned emergency room visits for mental health conditions, was considerably better than the provincial average of 19.58%. NSM LHIN hospitals performed above the target of 14.7% and performed 4.26% below that experienced in 2013-14. Despite this, NSM LHIN ranked 2nd provincially, with respect to this metric. NSM hospitals cited the following activities to address this metric: the initiation of post discharge care calls to all inpatient mental health recipients and the increased involvement of community service providers during the admission and discharge planning of patients with mental health conditions.

NSM LHIN performance of 23.43% for repeat unplanned ER visits for substance abuse conditions was considerably better than the provincial average of 30.39%. NSM LHIN hospitals performed above the target of 20%; however, 17.15% below that experienced in 2013-14. Despite this, NSM LHIN managed to rank 3rd provincially in repeat unscheduled ER visits within 30 days for substance abuse conditions. NSM hospitals noted that access to methadone clinics and a lack of community services for addiction treatment and support were a challenge. Initiatives underway to address these challenges include the development of education programs designed to coordinate the activities of community emergency responder agencies (Barrie Police, County of Simcoe Emergency Management Service).

90th Percentile Wait time from Community for CCAC In-Home Services – Application from Community Setting to First CCAC Services

NSM LHIN's 2014-2015 performance of 82 days was the highest of all LHINs in the province in wait time for Community Care Access Centre (CCAC) in-home services. NSM CCAC attributes this performance to the implementation of budget management strategies which resulted in very high needs patients moving directly to service. Similar to the Alternate Level of Care (ALC) metric, this metric is also attributable to the discharge of patients with accumulated long waits, which is the intended outcome of in-home service initiatives. NSM

CCAC performed considerably lower than the provincial average of 28 days and considerably below the LHIN target of 66 days. Despite this, the wait time for CCAC in-home services improved by 7 days, compared to the previous year.

Diagnostic Imaging Wait Times

NSM LHIN's 2014-15 year end performance of 11.1% for percent of priority IV cases completed with access target (28 days) for MRI scans was the lowest of all LHINs in the province. Increased demand for MRI services resulting from the Royal Victoria Regional Health Centre (RVH) expansion, opening of a state-of-the-art cancer centre and an increase in the number of inpatient beds were cited as causes for the declined performance at RVH. Similar capacity issues were cited by Orillia Soldiers' Memorial Hospital. While one-time funding has been used to mitigate the increased wait times, more consistent and sustainable funding approaches are being sought while at the same time investigating opportunities for improved scheduling. NSM LHIN hospitals performed considerably lower than the provincial average of 37.59% and far below the LHIN target of 60%.

NSM LHIN's 2014-15 performance of 59.65% for percent of priority IV cases completed within access target (28 days) for CT scans, ranked 12th of all LHINs in the province. Similar capacity, funding and demand issues as identified above were cited as causes for longer wait times. Despite positive improvement throughout the year, NSM LHIN performed below the Provincial average of 77.9% and considerably below the LHIN target of 90%.

North Simcoe Muskoka LHIN – Performance Indicators 2014-2015

PI No	Performance Indicator	LHIN 2014/15 Starting Point	LHIN 2014/15 Performance Target	Most Recent Quarter 2014/15 LHIN Performance	FY 2014/15 LHIN Annual Result
1: Access to healthcare services					
1	90th percentile ER length of stay for admitted patients	26.50	23.00	31.75	27.20
2	90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	6.22	6.25	6.43	6.20
3	90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	3.70	3.70	4.25	3.95
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	95.00%	90.00%	100.00%	98.38%
5	Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	NA	NA	NA	NA
6	Percent of priority IV cases completed within access target (28 days) for cataract surgery	93.00%	90.00%	91.32%	94.10%
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	98.00%	90.00%	88.66%	91.64%
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	92.00%	90.00%	88.71%	88.65%
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	54.00%	60.00%	13.29%	11.10%
10	Percent of priority IV cases completed within access target (28 days) for CT scans	85.00%	90.00%	61.27%	59.65%
2: Integration and coordination of care					
11	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	21.09%	15.00%	20.14%	21.25%
12	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	89.00	66.00	77.00	82.00
3: Quality and improved health outcomes					
13	Readmission within 30 Days for Selected CMGs**	17.00%	16.00%	16.89%	15.97%
14	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	14.70%	14.70%	16.01%	15.33%
15	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	20.00%	20.00%	23.69%	23.43%

*FY 2014-15 is based on most recent four quarters of data (Q4 2013-14 - Q3 2014-15) due to availability

**FY 2014-15 is based on most recent four quarters of data (Q3 2013-14 - Q2 2014-15) due to availability

North Simcoe Muskoka LHIN Operations

The North Simcoe Muskoka LHIN managed an allocation of $6,631,543 in fiscal year 2014-15. The allocation is comprised of the LHIN's base operational budget of $4,151,655 and special initiative funding of $2,479,888.

The LHIN received special initiative funding to support provincial priorities as follows:

- Aboriginal Planning
- Critical Care LHIN Lead
- Diabetes Regional Coordination Centre
- Emergency Department LHIN Lead
- Emergency Room / Alternate Level of Care Performance Lead
- e-Health Project Management Office
- Entité #4, planification des services de santé en français
- French Language Health Services
- Primary Care LHIN Lead

The Auditor's Report with audited financial statements and accompanying notes follow.

Financial statements of

North Simcoe Muskoka Local Health Integration Network

March 31, 2015

North Simcoe Muskoka Local Health Integration Network

March 31, 2015

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Independent Auditor's Report

To the Members of the Board of Directors of the
North Simcoe Muskoka Local Health Integration Network

We have audited the accompanying financial statements of the North Simcoe Muskoka Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2015, and the statements of operations, change in net debt, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of North Simcoe Muskoka LHIN as at March 31, 2015, and the results of its operations, change in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 25, 2015

North Simcoe Muskoka Local Health Integration Network

Statement of financial position
as at March 31, 2015

	2015	2014
	$	$
Financial assets		
Cash	**472,092**	687,163
Due from Ministry of Health and Long-Term Care ("MOHLTC") regarding Health Service Provider ("HSP") transfer payments	**7,009,074**	6,648,800
HST receivable and other	**94,086**	107,902
Due from LHIN Shared Services Office (Note 4)	**-**	-
	7,575,252	7,443,865
Liabilities		
Accounts payable and accrued liabilities	**583,195**	769,141
Due to MOHLTC Ontario (Note 3b)	**76,389**	89,307
Due to HSPs	**7,009,074**	6,648,800
Deferred revenue	**6,210**	9,960
Deferred capital contributions (Note 5)	**383,095**	441,919
	(8,057,963)	(7,959,127)
Net debt	(482,711)	(515,262)
Commitments (Note 6)		
Non-financial assets		
Prepaid expenses	**99,616**	73,343
Tangible capital assets (Note 7)	**383,095**	441,919
	482,711	515,262
Accumulated surplus		-

Approved by the Board

Board Chair

Board Vice Chair

The accompanying notes to the financial statements are an integral part of these financial statements.

North Simcoe Muskoka Local Health Integration Network

Statement of operations
year ended March 31, 2015

	Budget (Note 8)	2015 Actual	2014 Actual
	$	$	$
Revenue			
MOHLTC Ontario funding			
HSP transfer payments (Note 9)	840,288,389	858,411,071	840,288,389
Operations of LHIN	4,151,700	4,097,670	4,076,657
Project Initiatives			
Aboriginal Planning	30,000	30,000	30,000
Critical Care Lead	75,000	75,000	75,000
Enabling Technologies for Integration Project Management Office	501,431	501,431	560,864
Emergency Department LHIN Lead	75,000	75,000	75,000
Entite de planification des services de sante en francaise #4 Centre Sud-Ouest	654,064	654,064	654,060
Emergency Room/Alternative Level of Care Performance Lead	100,000	100,000	100,000
French Language Health Services	104,286	104,286	106,000
Primary Care LHIN Lead	75,000	75,000	75,000
Diabetes Regional Coordination	833,406	833,406	854,828
Amortization of deferred capital contributions (Note 5)	-	144,514	165,334
	846,888,276	865,101,442	847,061,132
Funding repayable to the MOHLTC Ontario (Note 3a)	-	(76,389)	(141,650)
	846,888,276	865,025,053	846,919,482
Expenses			
Transfer payments to HSPs (Note 9)	840,288,389	858,411,071	840,288,389
General operating expenses (Note 10)	4,151,700	4,191,549	4,198,861
Project Initiatives			
Aboriginal Planning	30,000	30,000	30,000
Critical Care Lead	75,000	72,250	54,000
Enabling Technologies for Integration Project Management Office	501,431	501,431	560,864
Emergency Department LHIN Lead	75,000	67,168	54,866
Entite de planification des services de sante en francaise #4 Centre Sud-Ouest	654,064	654,064	654,060
Emergency Room/Alternative Level of Care Performance Lead	100,000	100,000	100,000
French Language Health Services	104,286	91,361	85,732
Primary Care LHIN Lead	75,000	72,753	69,629
Diabetes Regional Coordination	833,406	833,406	823,081
	846,888,276	865,025,053	846,919,482
Annual surplus	-	-	-
Accumulated surplus, beginning of year	-	-	-
Accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of these financial statements.

North Simcoe Muskoka Local Health Integration Network

Statement of change in net debt
year ended March 31, 2015

	Budget (Note 8)	2015 Actual	2014 Actual
	$	$	$
Annual surplus	-		-
Acquisition of tangible capital assets	-	(85,690)	(304,350)
Amortization of tangible capital assets	-	144,514	165,334
Change in other non-financial assets	-	(26,273)	(51,202)
Increase in net debt	-	32,551	(190,218)
Net debt, beginning of year	(515,262)	(515,262)	(325,044)
Net debt, end of year	(515,262)	(482,711)	(515,262)

The accompanying notes to the financial statements are an integral part of these financial statements.

North Simcoe Muskoka Local Health Integration Network

Statement of cash flows
year ended March 31, 2015

	2015	2014
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of tangible capital assets	144,514	165,334
Amortization of deferred capital contributions (Note 5)	(144,514)	(165,334)
	-	-
Changes in non-cash operating items		
Prepaid expenses	(26,273)	(51,202)
Due from MOHLTC ("HSP's")	(360,274)	(5,838,059)
Due from LHIN Shared Services Office	-	32,613
HST receivable	13,816	38,482
Accounts payable and accrued liabilities	(185,946)	(217,167)
Due to the MOHLTC Ontario	(12,918)	18,918
Due to HSPs	360,274	5,838,059
Deferred revenue	(3,750)	(7,031)
	(215,071)	(185,387)
Capital investment		
Acquisition of tangible capital assets	(85,690)	(304,350)
Financing transactions		
Capital contributions received (Note 5)	85,690	304,350
Net decrease in cash	(215,071)	(185,387)
Cash, beginning of year	687,163	872,550
Cash, end of year	472,092	687,163

The accompanying notes to the financial statements are an integral part of these financial statements.

1. Description of business

The North Simcoe Muskoka Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the North Simcoe Muskoka Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the municipalities of Muskoka, most of Simcoe County and part of Grey County. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with Ministry-LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed Health Service Providers ("HSP") in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2015.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and the reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund tangible capital asset purchases, are recorded as deferred capital contributions and are recognized over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of Operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Computer equipment and development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office furniture and equipment	5 years straight-line method

For assets acquired or bought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Segmented disclosures

Management has determined that existing disclosures in the Statement of Operations and within the related notes for both the prior and current year sufficiently disclose information of all appropriate segments and, therefore, no additional disclosure is required.

3. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Funding received	Eligible expenses	2015 Excess funding	2014 Excess funding
	$	$	$	$
General LHIN operations	4,097,670	4,047,035	50,635	74,877
LHIN special funded initiatives				
Aboriginal Planning	30,000	30,000	-	-
Diabetes regional Centre	833,406	833,406	-	-
Critical Care Lead	75,000	72,250	2,750	21,000
Enabling Technologies	501,431	501,431	-	-
Emergency Department LHIN Lead	75,000	67,168	7,832	20,134
Entite de planification des services de sante en francais #4 Centre Sud-Ouest	654,064	654,064	-	-
Emergency Room/Alternative Level of Care Performance Lead	100,000	100,000	-	-
French Language Health Services	104,286	91,361	12,925	20,268
Primary Care LHIN Lead	75,000	72,753	2,247	5,371
Total LHIN special funded initiatives	2,448,187	2,422,433	25,754	66,773
	6,545,857	6,469,468	76,389	141,650

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2015	2014
	$	$
Due to MOHLTC, beginning of year	89,307	70,389
Funding repaid to MOHLTC during the current year	(89,307)	(122,732)
Funding repayable to the MOHLTC related to current year activities (Note 3a)	76,389	141,650
Due to MOHLTC, end of year	76,389	89,307

4. Related party transactions

LHIN Shared Service Office and LHINC Collaborative

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs, is responsible for providing services to all LHINs. The full costs of providing these services are billed to all of the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

LHIN Collaborative (LHINC) was formed in fiscal 2010 as a LHIN-led service to strengthen relationships between and among health service providers. LHINC is accountable to the LHINs, and funded by the LHINs with support from the Ministry of Health and Long-Term Care.

4. Related party transactions (continued)

Enabling Technologies for Integration Project Management Office

Effective February 1, 2012, the LHIN entered into an agreement with Central, Central West, Central East, Toronto Central, and Mississauga Halton (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses. During the year, the LHIN received funding from Central West LHIN of $ 510,000 (2014 - $580,000).

5. Deferred capital contributions

	2015	2014
	$	$
Balance, beginning of year	**441,919**	302,903
Capital contributions received during the year	**85,690**	304,350
Amortization for the year	**(144,514)**	(165,334)
Balance end of year	**383,095**	441,919

6. Commitments

The LHIN has commitments under various operating leases expiring at dates up to 2020 related to building and equipment. Lease renewals are likely. Minimum lease payments due over the remaining terms of these leases are as follows:

	$
2016	196,020
2017	196,020

The LHIN has funding commitments to health service providers associated with accountability agreements. The LHIN had the following funding commitments as of March 31, 2015.

	$
2016	7,009,074

The actual amounts which will ultimately be paid are contingent upon LHIN funding received by the MOHLTC.

7. Tangible capital assets

	Cost	Accumulated amortization	2015 Net book value	2014 Net book value
	$	$	$	$
Office furniture and equipment	883,626	629,046	254,580	254,692
Computer equipment	151,240	151,240	-	-
Leasehold improvements	1,180,907	1,052,392	128,515	187,227
	2,215,773	1,832,678	383,095	441,919

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported on the Statement of operations reflect the initial budget at April 1, 2014. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $859,200,034 is made up of the following:

	$
Initial budget	840,288,389
Adjustment due to announcements made during the year	18,911,645
	859,200,034

The total revised operating budget of $6,456,597 is made up of the following:

	$
Initial operating budget as reported on the statement of operations	6,631,594
Adjust for funding changes made during the year:	
Enabling Technologies	
In-year recoveries by the MOHLTC	(89,307)
Amount utilized for Capital Asset purchases	(85,690)
Revised operating budget	6,456,597

9. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $859,200,034 (2014 - $840,288,389) to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2015 as follows:

	2015	2014
	$	$
Operations of hospitals	441,043,734	434,567,460
Grants to compensate for municipal taxation - public hospitals	77,625	77,625
Long term care homes	140,687,279	137,304,554
Community care access centres	99,268,959	94,917,093
Community support services	13,968,654	13,743,709
Assisted living services in supportive housing	7,526,798	7,210,957
Community health centres	11,010,190	10,348,273
Community mental health	26,070,583	24,208,852
Addictions program	5,017,284	4,828,543
Specialty psychiatric hospitals	112,554,151	111,895,509
Grants to compensate for municipal taxation - psychiatric hospitals	23,400	23,400
Acquired brain injury	1,162,414	1,162,414
	858,411,071	840,288,389

The LHIN receives money from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2015, an amount of $7,009,074 (2014 - $6,648,800) was receivable from the MOHLTC and payable to HSPs. These amounts have been reflected as revenue and expenses in the Statement of Operations and are included in the table above.

10. General operating expenses

The Statement of operations presents General operating expenses by function, the following classifies general operating expenses, by object.

	2015	2014
	$	$
Salaries and benefits	2,986,288	2,814,095
Occupancy	166,477	209,892
Amortization	144,514	165,334
Shared services	277,392	331,864
Advertising and public relations	57,252	143,702
Consulting services	167,392	96,073
Other services	98,949	134,053
Supplies, equipment and licences	89,275	37,849
Board Chair Per Diems	52,365	57,425
Other Board Per Diems	42,225	43,875
Board expenses	20,539	31,130
Travel	41,810	58,165
Mail, courier and telecommunications	47,071	75,404
	4,191,549	4,198,861

11. Project Initiatives

The Statement of operations presents total expenses for individual project initiative, the following classifies initiative expenses by object:

	2015	2014
	$	$
Salaries and benefits	**1,059,484**	979,821
Occupancy	**91,152**	94,669
Shared services	**117,199**	173,972
Advertising and public relations	**3,139**	20,082
Consulting services	**7,973**	1,400
Other services	**144,428**	108,100
Supplies, equipment and licences	**946**	56,928
Medical Professional Services	**315,387**	228,516
Travel	**16,118**	16,974
Mail, courier and telecommunications	**12,543**	97,710
Special project expenditures	**654,064**	654,064
	2,422,433	2,432,236

Expenses incurred in respect of Diabetes Regional Coordination are as follows:

	2015	2014
	$	$
Salaries and benefits	**571,082**	448,827
Operating expenses	**262,324**	374,254
Tangible capital assets	**-**	156,800
	833,406	979,881

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 26 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2015 was $249,386 (2014 - $241,768) for current service costs and is included as an expense in the Statement of Operations. The last actuarial valuation was completed for the plan as of December 31, 2013. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favor of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

14. Prior year comparative figures

Certain of prior years' comparative figures have been reclassified to conform with current year's presentation.